

Town

Dist No 6

County

+

Brimble

Died at

Garret

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Dec

29

Age

And

Farmer

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Blow upon Head

How long sick

5 days

Death

Immediate

Meningitis

Accident, Suicide, Homicide

Reported by

J Gilbert Selby

Address

Egdon

WVa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Marianne Drake

Town

County

Died at

MARYLAND

Hilman Ridge

Garrett

Date 902

Month

Day

Y.

M.

D.

Native of

Occupation

12-20

Age

91-5-9

Md

Housewife

Male

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband of

Andrew Drake

Wife

Andrew Drake

Father's

Mother's

Name

Name

Cause of

Primary

old age

How long sick

2 hours

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

M. E. Hager, Undertaker

Address

Friendsville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Loyal Roosevelt & Dursch

CERTIFICATE OF DEATH

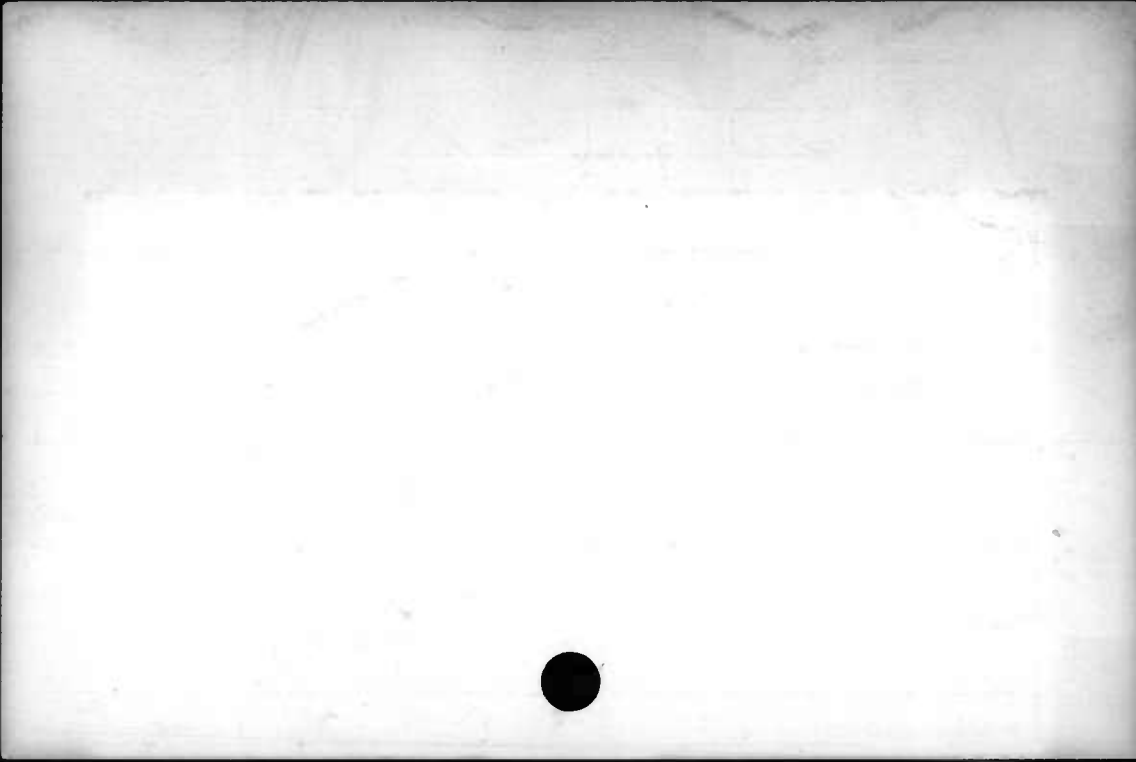
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bullinger</i> ^{Town}		<i>Garrett</i> ^{County}		MARYLAND	
Date of death 1902	Month <i>Dec</i>	Day <i>29</i>	Age <i>1</i>	Months <i>4</i>	Days <i>2</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Garrett Co</i>		
Married, Single or Widowed <i>single</i>			Occupation <i>none</i>		
Name of Wife or Husband					
Father's Name <i>William Dursch</i>			Father's Birthplace <i>Garrett Co Md</i>		
Mother's Maiden Name <i>Delia Blocher</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>William Dursch</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>abscess in inner ear</i>	How long <i>10 day</i>
Immediate <i>Inflammation of Brain & spasm</i>	How long <i>6 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H L Berans Md</i>
	Address <i>Grantsville Md</i>
Accident or Suicide? <i>Q</i>	



Name In Full

Certificate of Death

X

Died at *Infant*
Town
Friendsville

County

Garrett

MARYLAND

Date *1902* Month *12* Day *28* Y. M. D. Age *10* Native of *Ind* Occupation *—*

Male White ~~Marry~~ Wid~~ow~~ Divorced
~~Female~~ Colored Single ~~Widower~~ Number of children living *—*

Husband
of
WifeFather's Name *Wm Earley*Mother's Name *Lizzie T. Earley*Cause of Primary *Spasms*How long sick *1 1/2 mos*

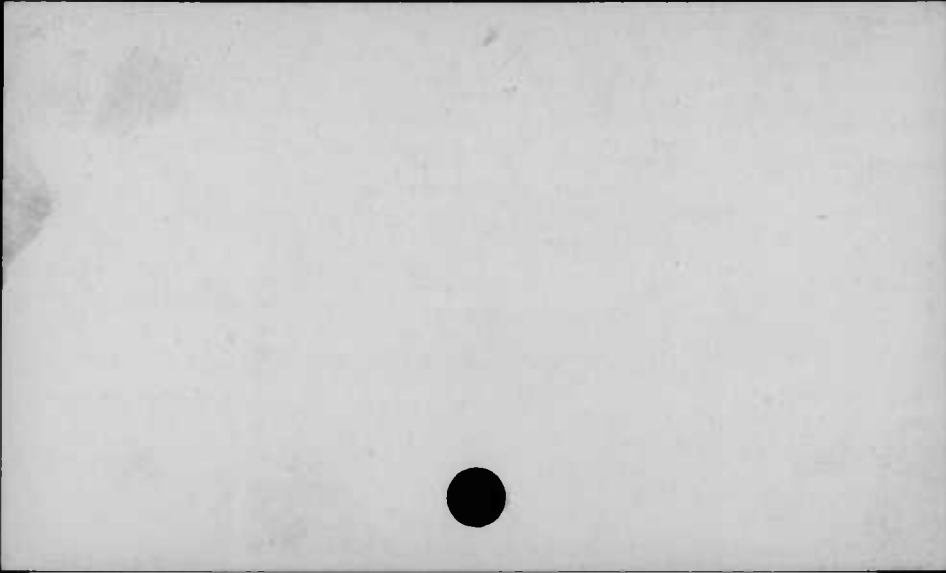
Death Immediate

Accident, Suicide, Homicide

Reported by *A. P. Mason* *Ind.*Address *Friendsville* *Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

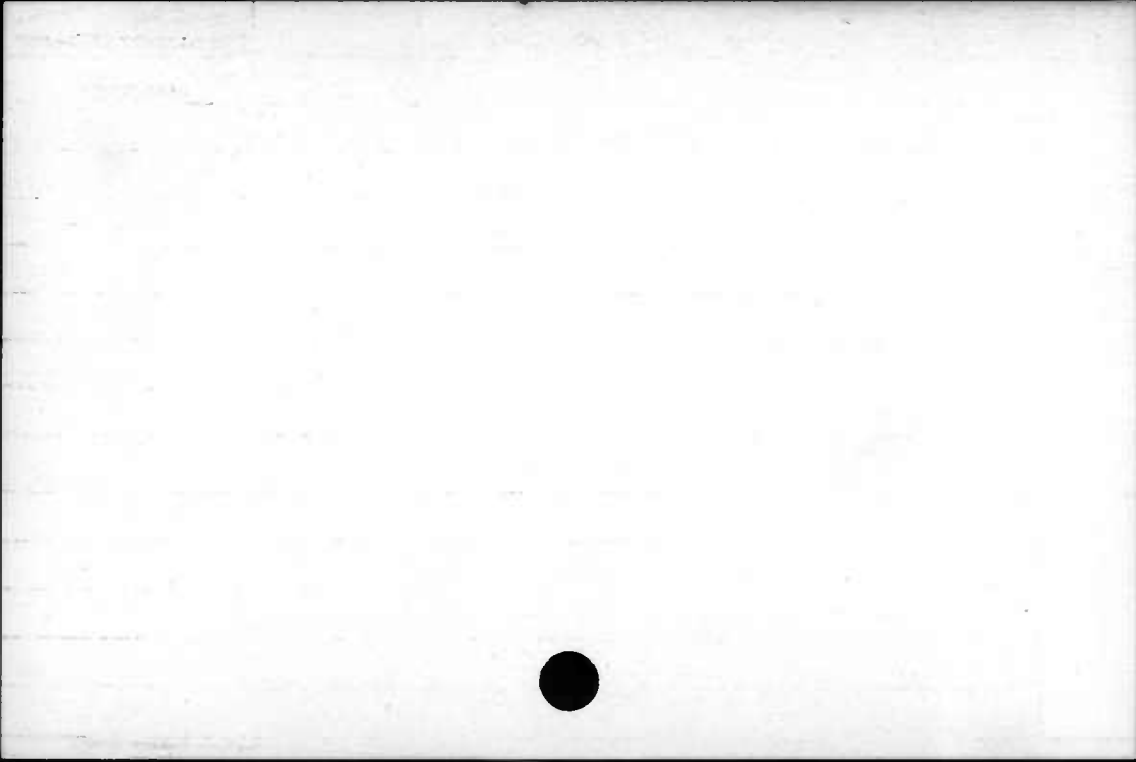
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Grantville</i>		County <i>Garrett</i>		MARYLAND	
Date of death	1902	Month <i>Dec.</i>	Day <i>5th</i>	Age Years	15	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	
Occupation	<i>Laborer</i>			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tetanus</i>	How long	<i>4 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. B. Linderbaugh</i>
		Address	<i>Grantville</i>
Accident or Suicide?			



not named

Town

County

MARYLAND

Died at

McC Henry

Barnett

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

07 DEC 14

Age

11

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

C. W. Fraker

Mother's

Maiden Name

Jessie Skiles

Cause of

Primary

Convulsions

How long sick

11 days

Death

Immediate

11

Accident, Suicide, Homicide

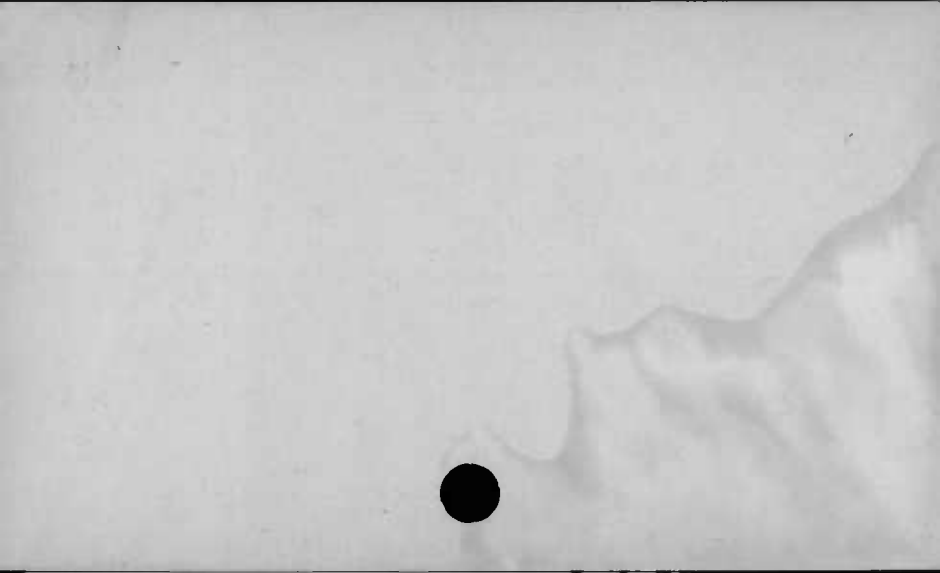
Reported by

R A Rautman

Address

Accident

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Gladys Friend X

Died at Town Friendsville County Garrett MARYLAND

Date 1904 12-4 Age 4-11-2 Native of Md Occupation —

Male White Married Widowed Single Number of children living

Female Colored

Husband of

Wife

Father's Name Leslie E. Friend Mother's Name Ida B. Glodfelly

Maiden Name

Cause of Death { Primary Typhoid Fever Immediate

How long sick 3 weeks

Accident, Suicide, Homicide

Reported by A. J. Mason M.D.

Address Friendsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

132



George W. Griffith
Town *Hoyes* County *Barrell*
Died at *1895* *Barrell* MARYLAND
Month *Dec* Day *26* Y. *84* M. *84* D. *84* Native of *Barrell* Occupation *Farmer*
Date 1902 *Dec 26* Age *84*
Male ☒ White ☒ Married ☒ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living *one*
Husband of _____
Wife _____
Father's Name _____ Mother's Maiden Name *157*
Cause of Death { Primary *Senility* How long sick *2 years*
Death { Immediate *10* Accident, Suicide, Homicide
Reported by *R. A. Ravenscroft*
Address *Accident Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
In
Full

CERTIFICATE OF DEATH

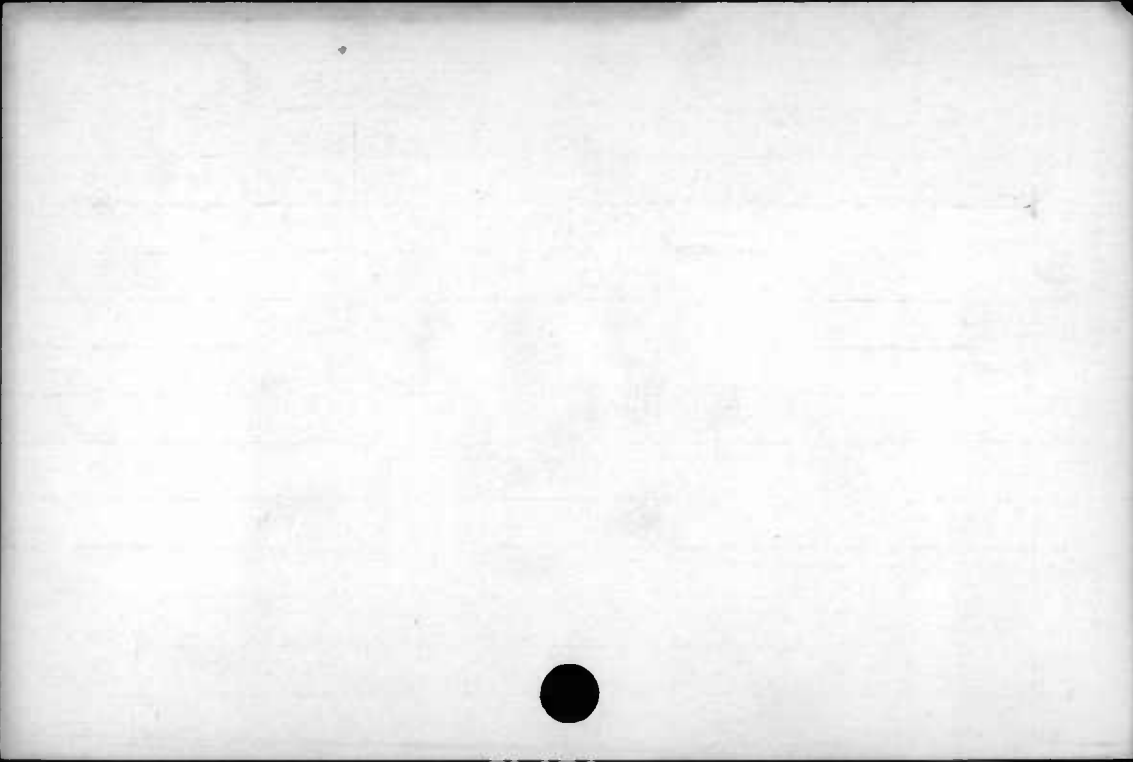
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oaklands</i> <small>Town</small>		<i>Garrett</i> <small>County</small>		MARYLAND		
Date of death 190 <i>B</i>	Month <i>Dec</i>	Day <i>9</i>	Age <i>19</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Caucasian</i>		Birth-place <i>✓</i>			
Married, Single or Widowed <i>Single</i>			Occupation <i>Bx & Fireman</i>			
Name of Wife or Husband <i>✓</i>						
Father's Name <i>Sam'l Lee</i>			Father's Birthplace <i>✓</i>			
Mother's Maiden Name <i>✓</i>			Mother's Birthplace <i>✓</i>			
Name of person giving information			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enteric fever</i>	How long <i>3 weeks</i>
Immediate <i>Peritonitis</i>	How long <i>about 24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos McLaughlin</i>
<i>✓</i>	Address <i>Oakland Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Edw. S. Muller*
 Died at *Baltimore* Town *Harriet* County

Date of death *1902* Month *Dec.* Day *11th* Age *63* Years Months Days

Sex *Male* Color or Race *White* Birth-place

Occupation *Carpenter* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

CAUSES OF DEATH

Primary *Valvular disease of heart* How long

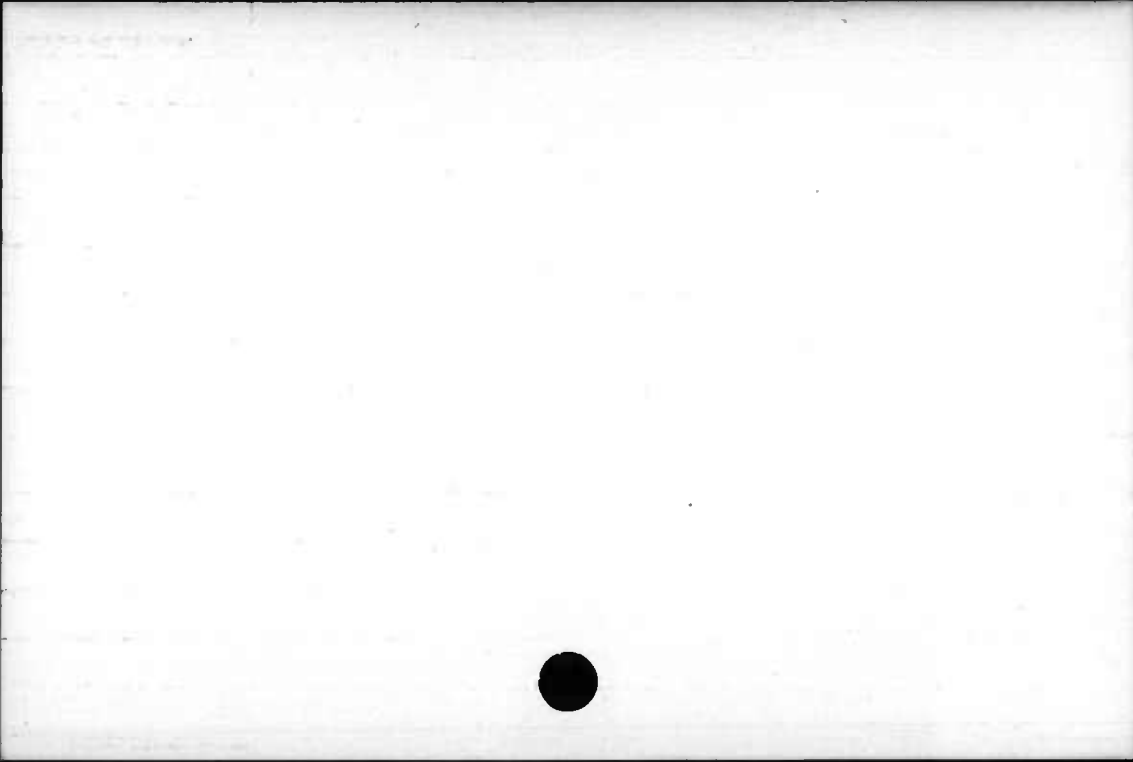
Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. B. Linderbaugh*

Address *Wintonville, Ind.*

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

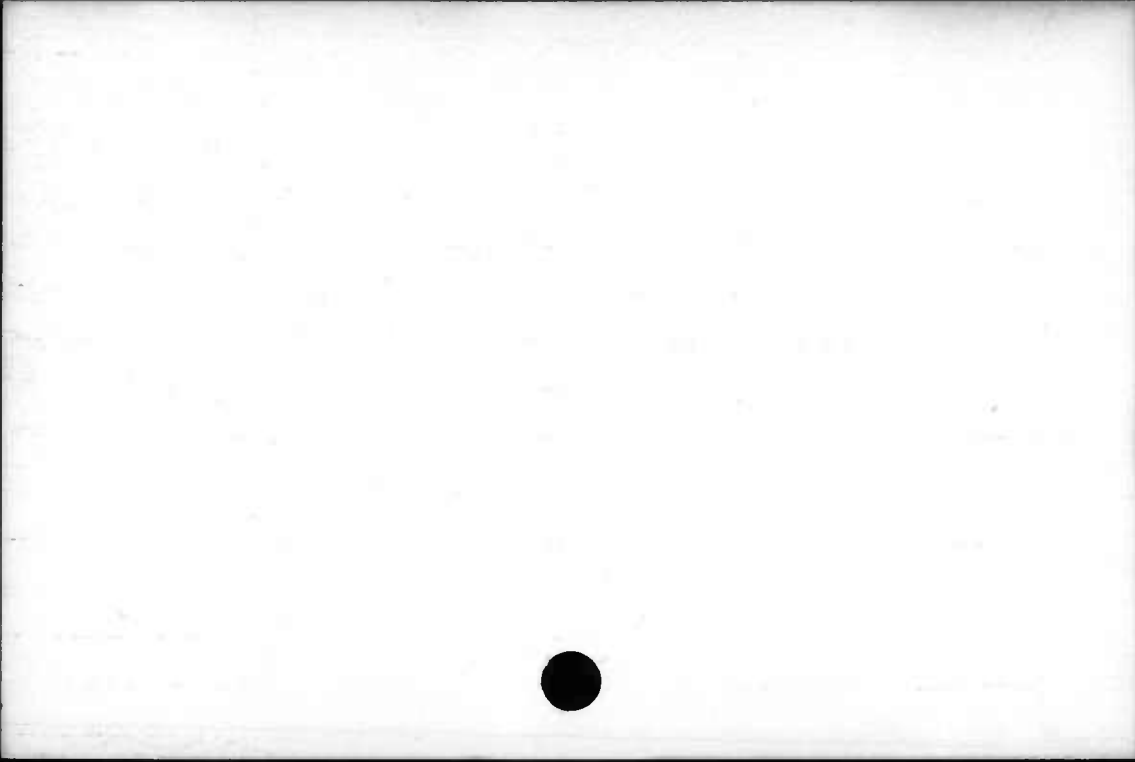
CERTIFICATE OF DEATH

Name <i>Edli Orndorf</i>		Town <i>Bittering</i>		County <i>Stearns</i>		State MARYLAND	
Died at		Date of death		Age		Months Days	
Month <i>Dec.</i>		Day <i>19th</i>		Years <i>75</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place			
Occupation <i>Farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malignant diphtheria</i>		How long <i>9 days</i>	
Immediate <i>Cardiac Paralysis</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. B. Lunderbaugh</i>	
		Address <i>Granterville, Md.</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Louisa Stanton +

Died at ^{Town} Butler ^{County} Garrett

MARYLAND

Date 1902 ^{Month} Dec ^{Day} 10 | ^{Y.} ^{M.} ^{D.} | ^{Native of} Md | ^{Occupation} Farmer's wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~ | Number of children living 8

Female Colored Single ~~Widowed~~

Husband of Thomas J Stanton

Wife

Father's

Mother's

Name Maiden Name

Cause of Death { Primary Heart disease | How long sick 3 mo

Immediate Mitral dropsy | ~~Accident Suicide Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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